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Bib Data Sheet

CONFIRMATION NO. 2727

|  |   |                               |   |   |                                |
|--|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/044,998   | <b>FILING DATE</b><br>01/10/2002<br><b>RULE</b>   | <b>CLASS</b><br>709           | <b>GROUP ART UNIT</b><br>2152   | <b>ATTORNEY DOCKET NO.</b><br>AUS920010273US1 |                                |
| <b>APPLICANTS</b><br>Krishna Kishore Yellepeddy, Austin, TX;<br>Rod Mancisidor, Austin, TX;  |   |                               |   |   |                                |
| <b>** CONTINUING DATA *****</b><br><i>N/A CN</i>   |   |                               |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>N/A CN</i>  |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 02/07/2002</b>   |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <i>[Signature]</i> |   | <b>STATE OR COUNTRY</b><br>TX | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>18                     | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Robert H. Frantz<br>P.O. Box 23324<br>Oklahoma City ,OK 73123  |   |                               |   |   |                                |
| <b>TITLE</b><br>System and method for metadirectory differential updates among constituent heterogeneous data sources  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>740  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |